

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041080

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

F

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2917

LED OCT 26 1962

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN BridgetonLength of stay in 1b
5 Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3687 Welland Ave.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY
OR TOWN BridgetonInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3687 Welland Ave.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Melba M. Lemarne

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Widowed ☐

8. DATE OF BIRTH

Never Married ☐ Divorced ☐

8/20/1920

9. AGE (last birthday)

42

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Secretary10b. KIND OF BUSINESS OR INDUSTRY
U.S.A.11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

William Weyermann

13b. MOTHER'S MAIDEN NAME

Elsie Ellerbusch

14. NAME OF HUSBAND OR WIFE

Arthur E. Lemarne

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT

Arthur E. Lemarne 3687 Welland Ave.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH
ImmediateConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic heart disease 1-2 years

DUE TO (c)

Hypertensive vascular disease 10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 25 Sept 62 to 9 Oct 62 and last saw her alive on 7 Oct 62
Death occurred at 4:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

James F. Nickel, M.D.

22b. ADDRESS

52 Maryland Plaza St Louis 8, Mo.

22c. DATE SIGNED

9 Oct 62

23. BURIAL, CREMATION, REINTERMENT (Specify)

Burial

23b. DATE

(10/11/1962)

23c. NAME OF CEMETERY OR CREMATORY

Concordia Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

Collier Mortuary, St. Ann, Mo.

25. DATE RECD. BY LOCAL REG.

10-9-62

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Sheldon Collier

Licensed Embalmer No. _____

3382

P. O. Address _____

St Ann Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting: _____

If this body is not embalmed, fact should be so stated above.